

OCT 31 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. 10/729,584
Reissue of U.S. Patent No. 6,325,294
Confirmation No. 2224
Filing Date December 4, 2003
Inventor Mark E. Tuttle et al.
Assignee Micron Technology, Inc.
Group Art Unit 2876
Examiner Jamara Alzaida Franklin
Customer No. 021567
Attorney Docket No. MI40-367
Title: Method of Manufacturing an Enclosed Transceiver

Assistant Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office at (571) 273-8300 on the date shown below:

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2. Preliminary Amendment
3. Statement Of Status Of Claims And Support
4. Information Disclosure Statement with Forms PTO/SB/08A&B

Dated: 10/31/2007By: 

Natalie King
Telephone No. (509) 624-4276
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PTO/SB/17 (07-07)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/729,584
		Filing Date	December 4, 2003
		First Named Inventor	Mark E. Tuttle et al.
		Examiner Name	Jamara A. Franklin
		Art Unit	2876
TOTAL AMOUNT OF PAYMENT (\$)		810.00	
		Attorney Docket No. MI40-367	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John, P.S.

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>Request for Continued Examination</u>	\$810.00

SUBMITTED BY		
Signature <u>[Signature]</u>	Registration No. <u>39,833</u> (Attorney/Agent)	Telephone <u>509/824-4276</u>
Name (Print/Type) <u>James D. Shaurette</u>		Date <u>10/31/07</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL For FY 2007

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TOTAL AMOUNT OF PAYMENT (\$) 810.00

Complete If Known

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Examiner Name Jamara A. Franklin
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2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

360

180

Total Claims

Extra Claims

Fee (\$)

Fees Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fees Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

Fees Paid (\$)

- 3 or HP = _____ x _____ = _____

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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

Fees Paid (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Request for Continued Examination

\$810.00

SUBMITTED BY

Signature  Registration No. 39,833 Telephone 509/624-4276
Name (Print/Type) James D. Shaurette Date 10/31/07

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